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## **POWER OF ATTORNEY** and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/561.740		
Filing Date	December 20, 2005		
First Named Inventor	Ofor GLASBERG Hepatic Device for Treatment		
Title			
Art Unit	not assigned		
Examinor Name	not essigned		
Attorney Docket Number	MET095.233411		

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Statement under 37 CFR 3.73(b) is enclosed. (Form	PTO/SB/96)		
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Name Tami Harel		Telephone / /	
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS	First Named Inventor	Ofer GLASBERG
	Title	Hepstic Device for Treatment
	Art Unit	not ossigned
INDICATION FORM	Examiner Name	not assigned
	Attorney Docket Number	MET095.233411

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